

LOCAL TITLE: NSG TRIAGE
STANDARD TITLE: NURSING TRIAGE NOTE
DATE OF NOTE: APR 11, 2007@14:45 ENTRY DATE: APR 11, 2007@14:45:39
AUTHOR: FILIPKOWSKI, MARY J EXP COSIGNER:
URGENCY: STATUS: COMPLETED

TRIAGE (UNSCHEDGLED): NON-URGENT

ALLERGY: No Allergy Assessment

LATEX ALLERGY: NO

Patient states he is also allergic to:nkda

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

LASKOWSKI, STANLEY
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R'S EXHIBIT

1(A)

LAS 00467

Progress Note

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Do you feel safe in your home environment? Yes

Active Outpatient Medications (including Supplies):

No Medications Found

T: 97.8 F [36.6 C] (04/11/2007 14:45)

P: 69 (04/11/2007 14:45)

R: 10 (04/11/2007 14:45)

BP: 132/86 (04/11/2007 14:45)

PAIN: 0 (04/11/2007 14:45)

PULSE OXIMETRY:

MODE OF ARRIVAL: AMBULANT

DATA: c/o inability to sleep over past 2 days.

ASSESSMENT: C/o nightmares, denies any suicidal or homicidal ideations.

PLAN: mhc.

PAIN ASSESSMENT

Do you have pain?no

MSG IRAQ&AFGHAN POST DEPLOY SCR:

The patient reports service in Operation Iraqi Freedom.

The location of the patient's most recent OIF service was Iraq

1. PTSD SCREEN

Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you:

Have had any nightmares about it or thought about it when you did not want to? Yes

Tried hard not to think about it or went out of your way to avoid situations that remind you of it? Yes

Were constantly on guard, watchful, or easily startled? Yes

Felt numb or detached from others, activities, or your surroundings? Yes

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PHQ-2 Depression screen:

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things: More than half the days (2)

Feeling down, depressed, or hopeless: Nearly everyday (3)

Total score = 5

Total score in the range of 3-6 (positive screen). CONTACT PSYCHOLOGY SERVICE.

SCREEN FOR ALCOHOL (AUDIT-C)

An alcohol screening test (AUDIT-C) was positive (score=5).

1. How often did you have a drink containing alcohol in the past year? Two to four times a month

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year? 5 or 6

3. How often did you have six or more drinks on one occasion in the past year? Less than monthly

SCREEN FOR GI SYMPTOMS

The patient reports no GI symptoms.

SCREEN FOR FEVER

The patient reports no unexplained fevers.

SCREEN FOR SKIN RASH/LESIONS

The patient reports no persistent skin rash.

SCREEN FOR OTHER SYMPTOMS

The patient reports having other physical symptoms that have lasted 3 months or longer and have interfered with ADLs.

Symptoms: joint pains, headaches

RESULTS OF PTSD SCREENING

(a 'yes' answer to 3 or more of the above questions is a positive screen). Each "YES" is a score of ONE.

Tally the points and record the score as 0-4.

The score for this veteran's screening was: 1

The screen for PTSD was positive.

TBI Screening:

The patient reports service in Operation Iraqi Freedom.

The location of the patient's most recent OIF service was Iraq

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TRAUMATIC BRAIN INJURY SCREENING

Has the veteran already been diagnosed as having TBI during OIF/OEF deployment?

No

Section 1: The veteran experienced the following events during OIF/OEF deployment:

Blast or Explosion IED (improvised explosive device), RPG (rocket propelled grenade), Land Mine, Grenade, etc.

Section 2: The veteran had the following symptoms immediately afterwards:

Veteran denies any symptoms immediately afterwards. Negative Screen

/s/ MARY J FILIPKOWSKI

RN BSN

Signed: 04/11/2007 14:54

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LOCAL TITLE: PSYCHIATRY GENERAL NOTE
 STANDARD TITLE: PSYCHIATRY NOTE
 DATE OF NOTE: APR 11, 2007@15:25 ENTRY DATE: APR 11, 2007@15:25:27
 AUTHOR: BOROWSKI, BERNARD M EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Chief Complaint: Little or no sleep for the past 2 days
 Subjective: Patient reports that he has problems since 2003. He was stationed in Iraq from 2/03 to 7/03 as infantry.
 He began to develop nightmares in 8/03. he reports similar nightmare. he reports recurring dream in which his house is broken into, he and family kidnapped, children are killed. Wife is raped and killed. He then wakes up. He reports this dream frequently up to 4 nights in a row but can go weeks. He reports that in the last week it occurred 3 times. He states that he finds it unsettling and difficult to fall back asleep
 He reports daytime irritability, isolation. He states he works regularly but states he can feel low motivation, low energy

He reports he was discharged from service in Feb.
 Marine Corps 1999-2007.
 Moved here with family in Feb married 5 years, 2 children 1 on way.
 Financial advisor for retirement

He reports that his wife encouraged him to come in.
 He reports irritability, isolation, sitting in corner, hates going to Wal mart.

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He denied any prior tx for mental health.
He denies family hx of mental illness

Admits to substance abuse alcohol and drugs age 18-19, i.e Cocaine, marijuana, alcohol nightly for several years until age 20. clean and mostly sober since then

He denies any physical complaints

Vital Signs:

TEMPERATURE: 97.8 F [36.6 C] (04/11/2007 14:45)
PULSE: 69 (04/11/2007 14:45)
RESPIRATION: 10 (04/11/2007 14:45)
BLOOD PRESSURE: 132/86 (04/11/2007 14:45)
PAIN: 0 (04/11/2007 14:45)

Objective:WD/WW male alert oriented, cleanly dressed in NAD

Labs:

Mental Status: Alert and oriented x3. In good contact. Spontaneous, relevant and coherent. Mood depressed, not anxious or agitated. Affect appropriate, upressed speech content.
Eating fair, sleeps poor. No psychomotor retardation. Denied suicidal and homicidal ideation. No hallucinations delusions or loosening of association noted. Memory including recent, remote, immediate recall and judgement are not clinically impaired. Insight and motivation fair.

MEDICATION REVIEW: Active Outpatient Medications (including Supplies):

No Medications Found

Allergies:

No Known allergies

Assessment: Adjustment Disorder with PTSD Features

No Service Connected problems treated

Plan: I discussed my findings with the patient. Sx have been present for 3 years but worse for unknown triggers lately. He was encouraged to pursue tx by his wife.

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After discussion decided to proceed with tx at Hs. Will start with Trazodone 50 mg tabs. He will begin with 1/2 tab increasing to 50 mg. He was educated on the effect of med as well as side effects including dry mouth and priapism. These will be picked up today.

Patient will also be given appt for PTSD screening to assess further need as his sx have PTSD features.

Patient willing to accept followup and further tx in MHC.

He agreed to return for followup medication management, intake and future followup

9 ** FUTURE APPOINTMENTS **

DATE/TIME	CLINIC (LOCATION)
APR 18,2007@09:00	LAB3RDFLRWEST(SILVER AREA (3RD FLOR WEST SILVER AREA)
APR 18,2007@09:30	CP DERMATOLOGY (5TH FLR(C5-24)SILVER AREA)
APR 18,2007@11:00	CP LOVRINIC (5TH FLR(C5-24)SILVER AREA)
APR 20,2007@14:30	NURSE CLINIC 1N(PURPLE AR (1ST FLOOR (GREEN AREA))
APR 20,2007@15:00	CP MHC SANTOS (5TH FLR(C5-24)SILVER AREA)
APR 23,2007@10:30	CP AUDIO PATCHOSKI (5TH FLR(C5-24)SILVER AREA)
APR 24,2007@08:00	CASTRIGNANO EXAMS (5TH FLR(C5-24)SILVER AREA)

Call as necessary and return to clinic on

MST:

Patient responded, no Military Sexual Trauma

Tobacco Use Screen:

Patient is a current smoker.

Smoking cessation education refused.

PROVIDER Med Reconciliation:

Outpatient Medication Review

A new medication is to be added after review of current medication profile at this clinic visit. See plan of care above.

Comment: Trazodone 50 mg tab at qhs, may begin with 1/2 tab

/es/ BERNARD M BOROWSKI

Physician Assistant Certified

Signed: 04/12/2007 08:04

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Consult Request

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Current Pat. Status: Outpatient
 Primary Eligibility: SERVICE CONNECTED 50% to 100%

Order Information

To Service: WB CLERICAL SUPPORT FOLLOWUP FOR ORDERS-ADMIN CONSULT
 From Service: GROUP: PSYCH DOOLEY II SCREEN
 Requesting Provider: DOOLEY, MATTHEW
 Service is to be rendered on an OUTPATIENT basis
 Place: Consultant's choice
 Urgency: Routine
 Orderable Item: WB CLERICAL SUPPORT FOLLOWUP FOR ORDERS-ADMIN CONSULT
 Consult: Consult Request
 Reason For Request:
 SERVICE CONNECTED & - NONE FOUND
 RATED DISABILITIES - NONE FOUND
 PERIOD OF SERVICE - PERSTIAN GULF WAR

Reason for Request: NA in "group:psych dooley II screen", in 2+wks,
 6pts/group
 max-per MD

Orders have been placed on LASKOWSKI, STANLEY P III on .
 Please review chart and schedule appropriately the following:
 SCHEDULE FOLLOW-UP APPT

CLINICIANS: Please remember that if you are ordering any test on the
 patient, you need to enter them into CPRS as if you would do on an
 outpatient!!

Inter-facility Information

This is not an inter-facility consult request.

Status: COMPLETE
 Last Action: COMPLETE/UPDATE
 Significant Findings: Unknown

Facility

Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	04/11/07 17:33	DOOLEY, MATTHEW	DOOLEY, MATTHEW
PRINTED TO N186\$PRT-BIG	04/11/07 17:33		
COMPLETE/UPDATE	04/12/07 09:11	YENCHO, JILL A	YENCHO, JILL A

this apt can only be made by mhc staff\ closing wb

Note: TIME ZONE is local if not indicated

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Consult Request

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Significant Findings: Unknown

No local TIU results or Medicine results available for this consult
=====

END
=====

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LOCAL TITLE: PATIENT RECORD FLAG CATEGORY II -OIF/ONF
 STANDARD TITLE: PATIENT RECORD FLAG
 DATE OF NOTE: APR 17, 2007@11:32 ENTRY DATE: APR 17, 2007@11:32:05
 AUTHOR: COLLELO, KATHLEEN A EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

MHC Approved: 6/29/06
 Job #06-24

Veteran newly identified:

Date of separation from military: 2/4/07
 Active duty status: combat vet
 Date of contact: 4/11/07
 Referral source: Self

Reason for referral: see below

Service(s) need: Enrollment/Eligibility Medical/Dental, Mental Health, Other:
 Comp and pension.

Recommendations: Vet was seen as a walk-in in MMC from Triage. he also has a
 comp and
 pension claim.

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/s/ KATHLEEN A COLLELO
SOCIAL WORKER

Signed: 04/17/2007 11:33

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Progress Note

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conduction threshold, bone conduction threshold, tympanometry, and

LOCAL TITLE: COMPENSATION AND PENSION NOTE
STANDARD TITLE: C & P EXAMINATION NOTE
DICT DATE: APR 20, 2007 15:55 ENTRY DATE: APR 22, 2007 14:18:28
DICTATED BY: SANTOS, FRANCISCO F EXP COSIGNER:
URGENCY: STATUS: COMPLETED

EXAM TYPE: Stress disorder compensation and pension.

GENERAL DATA: Mr. Stanley Laskowski III is a 29-year-old white male, married, who lives in Dunmore, Pennsylvania.

SOURCES OF INFORMATION:

- A. Review of C-Folder.
- B. Electronic records at the Wilkes-Barre VA Medical Center.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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C. Self report.

MEDICAL AND OCCUPATIONAL HISTORY: PSYCHIATRIC - Besides his one and only visit so far at Mental Hygiene Clinic in Wilkes-Barre VA Medical Center on April, 11, 2007 for complaints of sleep disturbance, he has had no other history of contact with mental health the whole time, pre-military as well as while in the military.

He admits to drinking alcohol, consuming on the average a 6-pack of beer a month. He denies use of illicit drugs currently.

He did have history of illicit drug use before he joined the military service, using drugs like marijuana, cocaine, and LSD but never needles. He had ceased using drugs and has never had any for at least the past 8 years.

He has had minor infractions with the law before he joined the military service. One time he was charged with receiving stolen property. He was put on probation but was dropped because it was his first offense. He also had been involved in minor drug busts and traffic tickets for speeding.

MEDICAL HISTORY - He is in relatively good physical health. He is not on any medications currently for medical indications.

He had a right arm injury in 2002 while stationed in Okinawa, after he fell from the stairs. He was apparently inebriated from alcohol when this occurred.

PERSONAL AND SOCIAL HISTORY: He was an only child. His parents divorced when he was about 2 years of age. He lived with his mother until about 5 years of age. He described his mother to be a substance abuser who uses alcohol and drugs. His father too was an excessive alcohol drinker. From the age of 6 to 7 years old he was under the care of his father's sister and from 8 years old until he reached adulthood he was under the custody of his father, who got married to his stepmother in 1985.

He went to high school at Bishop O'Hara in Dunmore, Pennsylvania, graduating in 1996. He had good grades prior when he was in grade school, about decent grades in high school as he reported. When he was in high school he used to hang out with the "stoners". He had some behavioral issues at that time, having fights with classmates leading to school suspension.

For the next 3 years after finishing high school he went into a period of endless lifestyle, having odd jobs, using drugs, and

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chasing women. He finally realized that his life is not going anywhere and wanting since high school to be a Marine, like his father who served the Marines, he enlisted in 1999 into the US Marine Corp. He served a total of 8 years of active duty until 2007.

During the start of the Iraqi Freedom War, he was a member of the invasion forces of the 3rd Battalion 5th Marine 1st Marine Division as a squad leader. He had a total of about 3-6 months in Iraq and he participated from the time his unit started from the southern tip of Iraq until they reached Baghdad. He was in combat through this period of time and they had at least 2 confrontations on Highway 1 and ones in Baghdad.

In a town called Nuniiniyah, which is about northeast of Nasiriyah, Iraq, a house exploded and the aftermath of this incident was a body of a 6-month-old Iraqi killed, which was almost nothing was left of this child. In another incident, this also occurred in April of 2003, while his unit was on Highway 1 a soldier by the name of Eric Silva got shot by enemy fire and the bullet went through this soldier's ribcage and out into his anterior chest. This soldier was killed on the same day.

After his return from Iraq in July 2003, he served the rest of his tour of duty in the Marine Corp at Parris Island, South Carolina as a rifle instructor. After his second reenlistment was up, not wanting to return back to Iraq, he decided to leave the US Marine Corp. He was discharged in February 2007 honorably with a rank of E-5. He has a Combat Action Ribbon from his involvement with the Iraqi Freedom War.

He got married about 5 years ago while he was in active duty in the US Marine Corp on one of his vacation times. He met his wife in California. He described his marriage now as good. His wife he calls bullheaded, the same as he does. They go into screaming matches but they do not hold any grudges, for they make up their differences afterwards. His wife now is pregnant and they do have 2 young children, a 4-year-old daughter and a 2-year-old son. He has a close family relationship. He is intimate with his wife and affectionate as well to his own children.

About 2 weeks ago, he found a job with Keystone Financial Management as a financial advisor, selling products like insurance and investments. He is still on probationary status but he is working long hours, putting in the past 2 weeks about 40 hours per week. He finds the job interesting. He is doing

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well overall. He has his insurance license now. He is not quite sure at this point as to whether he will keep this employment long-term. His compensation is on a commission basis.

He attempted college through on-line college courses some time last year through a college in Missouri, pursuing some courses in criminal justice, taking a few courses only.

Outside of his current employment he spends most of his time at home, spends quality time with his children especially on weekends. He would also take his children to their grandparent's house.

SUBJECTIVE COMPLAINTS: The first symptom he mentioned in this meeting is nightmares with repeated themes and with this particular dream he had it at least about 4-5 times since he had been back from Iraq in February 2007 and the last time was 2 nights ago. The dream is about someone coming into his house, killing his children, raping his wife, and kidnapping him and bringing him into a van. He does also have dreams sporadically on events that happened to him in Iraq and one of which is the incident when Eric Silva was shot on Highway 1 and another dream he has is the explosion of the house where practically nothing was left of this 6-month-old baby.

He does have sleep disturbance and this was his main complaint when he came for the first time for formal mental health assistance at Wilkes-Barre VA Medical Center on April 11, 2007.

He avoids crowds. He does not want to be in crowds like in movie houses or restaurants. When he has no choice and had to go to a restaurant he would usually sit at the corner.

He continued to be hypervigilant, tends to be looking around anticipating something negative to happen. He does have fears and his main concern is more of the welfare of his wife and children. He has to be sure when a car drives by his house to see where it is going.

He also feels edgy every day and he would have moodiness, outbursts of temper, which he calls "angry a lot", usually against his children and his wife and then feeling sorry for his outbursts later on.

He does admit to feelings of depression, occurring at least 2 times per week, lasting a day or 2. During these times he would feel like crying and questioning his competence, "What am I

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accomplishing". When he is in this state of emotion his energy level is down as well as his appetite is poor.

He felt that he began having symptoms of anxiety about a few months after his return from Iraq in 2003. He was then in Parish Island, South Carolina. He attempted to get information on how to ask help for emotional problems, that is to go to a Naval facility to get treatment, but he was advised to first talk to a chaplain. With his strong reservations of talking about these incidents in Iraq, he decided not to pursue talking to a chaplain but rather kept his problems into himself.

OBJECTIVE FINDINGS: He was a medium built white male. Alert and oriented in 3 spheres. Casually dressed. Personal hygiene was good. His mood was moderately nervous. Affect was constricted. He was serious-looking. Speech was forceful but relevant. Some mild amount of depression as well. He is endorsing nightmares of being harmed as well as themes involving events in Iraq, as well as intrusive recollections of the same events in Iraq. No actual panic attacks. Denies suicidal and homicidal thinking. He also denies auditory and visual hallucinations. No delusional thinking gathered. He has no suicidal and homicidal thinking. Remote and recent memory are intact. Judgment is fair and insight is fair.

ASSESSMENT: WITH A COMBAT ACTION RIBBON, CONCEEDING COMBAT EXPOSURE DURING THE IRAQ FREEDOM WAR INVASION OF IRAQ WHILE SERVING THE US MARINE CORP, HE MET THE CRITERIA FOR STRESSOR. HE CONTINUE TO RELIVE DISTURBING TRAGIC EVENTS IN IRAQ UNTIL THIS TIME, IN THE FORM OF NIGHTMARES AS WELL AS INTRUSIVE RECOLLECTIONS, OF THOSE EVENTS AS INDICATED ABOVE. HE DOES HAVE SOME PERSISTING SYMPTOMS OF AVOIDANCE INCLUDING SUPPRESSION OF THESE EVENTS AND MEMORIES FOR YEARS UP UNTIL HIS DISCHARGE FROM THE US MARINE CORP, INABILITY TO WITHSTAND CROWDS OF PEOPLE, AND SYMPTOMS OF NUMBING; THAT IS HAVING TO KEEP TO HIMSELF, EXPRESSING MORE EMOTIONS OF ANGER THAN EMOTIONS OF WARMTH, AND HAVING PERSISTING SYMPTOMS OF HYPERAROUSAL IN THE FORM OF SLEEP DISTURBANCE, OUTBURSTS OF TEMPER, AND FEELING EDGY AS WELL AS HYPERVIGILANCE. HE DOES MEET THE MINIMUM SYMPTOMS CRITERIA FOR POSTTRAUMATIC STRESS DISORDER.

HE DOES EXHIBIT, THOUGH, IMPROVEMENT IN HIS PSYCHIATRIC AND PSYCHOLOGICAL MAKEUP NOTED BY ABILITY TO BE PRODUCTIVELY EMPLOYED SINCE ABOUT 2 WEEKS AGO WITH OVERALL GOOD PERFORMANCE AS A FINANCIAL ADVISOR WITH KEYSTONE FINANCIAL MANAGEMENT, HAVING CAPACITY TO MAINTAIN A GOOD FAMILY RELATIONSHIP WITH HIS CURRENT MARRIAGE AS WELL AS HIS 2 CHILDREN, AND DIMINISHMENT OF FREQUENCY OF THE NIGHTMARES, HIS SOCIAL IMPAIRMENT AND

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DIAGNOSES:

AXES II: DEFERRED

AXIS IV: STRESSOR - EXPOSURE TO COMBAT IN IRAQ, RECENT DISCHARGE FROM THE US MARINE CORP.

MR. LASKOWSKI IS CAPABLE OF HANDLING HIS OWN FINANCIAL AFFAIRS.

16:25:19/T:04/22/2007

105/ FRANCISCO F SERRAS, M.D.

Signed: 09/25/2007 08:21

2025 RELEASE UNDER E.O. 14176

Form No. 100-441000-100

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STANDARD TITLE: C E P EXAMINATION NOTE

DATE OF NOTE: APR 23, 2007@10:30

ENTRY DATE: APR 23, 2007@14:04:48

AUTHOR: PATCHOSKI, PHILIP E

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

PATIENT NAME AND ADDRESS (Recorded/Imaging, if available)

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Progress Note

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AUDIOMETRIC COMPENSATION AND PENSION EXAMINATION

DATE OF EXAMINATION: April 23, 2007

SECTION A. REVIEW OF MEDICAL RECORDS:

The veteran's C-File was reviewed prior to this Audiometric Compensation and Pension Examination to find reference to puretone audiometry throughout the veteran's active duty military service from 1999 to February 5th, 2007. Reference to normal hearing sensitivity was noted in 1999, and a slight but significant threshold shift was noted in 2005 following deployment Iraq. This threshold shift noted in 2005 was consistent with noise exposure and was primarily in the right ear. It was borderline mild high frequency hearing loss that was diagnosed at that time.

SECTION B. MEDICAL HISTORY:

SUBJECTIVE COMPLAINTS: The veteran reports experiencing a constant bilateral tinnitus attributed to his combat military service while in Iraq in 2003. He reports many instances of combat noise explosions, et cetera, which he feels are responsible for the current condition related to tinnitus. He is unsure as to the status of his hearing sensitivity but does report that at times understanding conversational speech in challenging listening environments may become difficult. He denies a history of chronic ear disease, vertigo, gait, or balance disorders. He also denies a history of civilian occupational or recreational noise exposure.

SECTION C. PHYSICAL EXAMINATION:

OBJECTIVE FINDINGS: Right Ear: 500 Hz: 5 dB, 1000 Hz: 5 dB, 2000 Hz: 5 dB, 3000 Hz: 5 dB, 4000 Hz: 20 dB; four frequency average: 9 dB. Left Ear: 500 Hz: 5 dB, 1000 Hz: 5 dB, 2000 Hz: 5 dB, 3000 Hz: 5 dB, 4000 Hz: 20 dB; four frequency average: 9 dB.

Speech Recognition Score: 100% right ear, 100% left ear.

SECTION D. DIAGNOSTIC AND CLINICAL TEST RESULTS:

An otoscopic examination finds both external auditory canals to be free and clear of excessive cerumen, allowing a complete visual inspection of both tympanic membranes which appear to be normal and intact.

Speech reception threshold, speech recognition, puretone air

PATIENT NAME AND ADDRESS (Use address for mailing, if available)

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conduction threshold, bone conduction threshold, tympanometry, and acoustic reflexes are otherwise indicative of essentially normal hearing sensitivity.

SECTION E. CONCLUSIONS AND DIAGNOSIS:

SUMMARY OF TEST RESULTS: Puretone audiometric test results reveal normal hearing sensitivity at 250-8000 Hz in a symmetrical hearing configuration. The once noted mild hearing loss related to noise exposure evidenced in c-file in 2005 has improved to normal levels suggesting that previous results were as a result of a temporary threshold shift. However, thresholds at 4KHz. are elevated when compared to the rest of the configuration and though it is still within normal limits, it does reflect a change from initial examination dated 1999.

Middle ear function is normal, and acoustic reflexes are obtained at levels consistent with the puretone audiometric configuration.

The VA Form 21-2507 does not request a medical opinion in this matter concerning hearing loss and/or tinnitus, and therefore none will be provided.

C- 4-13-2007 11:00 a.m.

C- 4-13-2007 1:00 p.m.

TR2

#35123

DR PHILIP E. PANTHOSKY M.D.

1/17A

RECEIVED

10/18/12

23 UNIVERSITY BLVD

DONORS, PENNSYLVANIA 15012

21

4/24

LOCAL TITLE: COMPENSATION AND PENSION NOTE
 STANDARD TITLE: C E P EXAMINATION NOTE
 DATE OF NOTE: APR 24, 200708:32 ENTRY DATE: APR 24, 200708:32:16
 AUTHOR: CASTRICIANO, DOMINIC EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

GENERAL MEDICAL EXAM

A. REVIEW OF MEDICAL RECORDS.

CLAIMS FILE Reviewed.

The medical records of the Wilkes-Barre VA Medical Center were reviewed.

This veteran claims Service Connection for the following injuries and diseases found OCCURRED DURING ACTIVE SERVICE:

1. Skin Rashes.
2. RIGHT Hip Bursitis.
3. RIGHT Arm Fracture.
4. Chronic LEFT Hip Pain.
5. SINUSITIS.
6. RIGHT Heel Spur.
7. Hearing Loss.
8. Tinnitus.
9. Post-Traumatic Stress Disorder.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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B. MEDICAL HISTORY.

OCCUPATION HISTORY -

USUAL OCCUPATION: Consultant for John Hancock.
 WORK TIME LOST DUE TO HEALTH PAST 12 MONTHS: Yes.
 ABSENT from work 3 days due to RIGHT Hip Bursitis Pain.

ACTIVE CONDITIONS/CURRENT TREATMENT:

RIGHT HIP BURSITIS -

Motrin 800mg twice a day / NO pain relief / NO side effects.

POST-TRAUMATIC STRESS DISORDER -

Trazodone 35mg daily at bedtime / Adequate sleep response.
 WITH Side Effect of nausea, vomiting the next day.
 Veteran stopped taking Trazodone due to side effect.

SURGERY/HOSPITAL HISTORY:

1994 - Admission for Concussion due to Motor Vehicle Accident.

C. PHYSICAL EXAMINATION.

GENERAL: 29 Year Old Male in NO Acute Physical Distress.

VITAL SIGNS:

BLOOD PRESSURES: 136/81, 118/75, 132/86
 PULSE: 72
 RESPIRATION: 18
 HEIGHT: 5'8"
 WEIGHT: 180

DOMINANT HAND: RIGHT Handed for Writing & Working.

POSTURE/GAIT: Normal Posture / Steady Gait.

SKIN: SEE DERMATOLOGY/SKIN C/P EXAM.

HEAD: Atraumatic/Normocephalic.

EYES: NO Vision Problem Noted.
 Pupils Equal/Reactive to Light.
 Extra-Ocular Muscles Intact.

EARS: CLAIMS HEARING LOSS/TINNITUS.

PATIENT NAME AND ADDRESS (Mechanical Impairment, if available)

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SEE AUDIOLOGY C/P EXAM.
 External Canals Patent / NO Discharge.
 Tympanic Membranes Intact / NO Scarring.

NOSE: Septum Midline / Turbinates Patent / NO Discharge.

SINUSES: CLAIM FOR SINUS CONDITION -
 =====

MEDICAL HISTORY/SINUSES.

ONSET: DURING Active Military Service.

CIRCUMSTANCES: August, 2005 at Paris Island.

LOCATION/NATURE OF INJURY/DISEASE: Frontal/Peri-Orbital Sinuses.

TREATMENT -

SURGERY: None.

MEDICATIONS/RESPONSE/SIDE EFFECTS:

Anti-histamine treatment at Paris Island with relief
 of sinus pains/NO side effects.

SUBJECTIVE COMPLAINTS -

=====

INTERFERENCE BREATHING THROUGH NOSE: No.

WATERY DISCHARGE FROM NOSE: No.

PURULENT DISCHARGE FROM NOSE: Yes - Periodic yellowish discharge.

DYSPNEA AT REST: No.

DYSPNEA ON EXERTION: No.

SINUS PAIN: Yes - Frontal & Peri-Orbital.

SINUS HEADACHES: No.

NASAL ALLERGIC ATTACKS: None.

SINUS ALLERGIC ATTACKS: None.

OTHER SYMPTOMS: None.

PERIODS OF INCAPACITATION REQUIRING BED REST AND
 TREATMENT BY A PHYSICIAN: None.

FUNCTIONAL IMPAIRMENT RELATED TO NOSE/SINUS CONDITION -

=====

USUAL OCCUPATION: Consultant for John Hancock.

NO affect on work.

ACTIVITIES OF DAILY LIVING: NO Affect.

PHYSICAL EXAMINATION/SINUSES.

PATIENT NAME AND ADDRESS (Recheck all spelling, if available)

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NOSE -

=====

SEPTAL DEVIATION: None.
 NOSTRIL INFLAMMATION: None.
 NOSTRIL DISCHARGE: Yes - Yellowish Mucus.
 NOSTRIL OBSTRUCTION: None.
 NASAL POLYPS: None.
 RHINOSCLEROMA: None.

SINUSES -

=====

TENDERNESS: None.
 PURULENT DISCHARGE: Yes.
 CRUSTING: None.

THROAT: Normal Oro-Pharyngeal Mucosa.

NECK: Supple / NO Masses / NO Thyromegaly.
 NO Carotid Artery Bruits/Jugular Vein Distention.

LUNGS: Clear / NO Cough, Wheeze, Dyspnea.

HEART: Rate 72-76 / Regular S1-S2 / NO Murmur.

VASCULAR: Palpable Peripheral Pulses.
 NO Signs of Arterial Ischemia/Venous Insufficiency.

ABDOMEN: Non-Tender / NO Masses.

RECTAL: DEFERRED.

GENITAL: DEFERRED.

MUSCULO-SKELETAL: 5/5 Motor Power Upper & Lower Extremities.

NO Spine Pathology Noted.
 Normal Mobility in Cervical & Lumbo-Sacral Spine.

JOINT PATHOLOGY NOTED.
 SEE ORTHOPEDIC/JOINTS C/P EXAM.
 SEE PODIATRY/FEET C/P EXAM.

NEURO: Cranial Nerves II-XII Intact.
 Symmetric 2+ Reflexes / Normal Coordination.
 NO Focal Sensory/Motor Deficits.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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PSYCH: CLAIMS POST-TRAUMATIC STRESS DISORDER.
SEE PSYCHIATRY/STRESS DISORDER C/P EXAM.

D. DIAGNOSTIC AND CLINICAL TESTS.

1. CHEST X-RAY: NO Acute/Chronic Lung Disease.
2. URINALYSIS: NEGATIVE Protein, Glucose, Ketones, Bilirubin.
3. COMPLETE BLOOD COUNT: Within Normal Limits.
4. BLOOD CHEMISTRY: Fasting Blood Glucose 111
Blood Urea Nitrogen 8 / Creatinine 1.1
5. X-RAY SINUSES:
Report:
Paranasal sinuses
The examination reveals satisfactory development of the maxillary, ethmoid, frontal and sphenoid sinuses. The sinuses are clear and well aerated revealing no mucosal thickening, mass densities or retained fluid. The osseous margins are intact.
Impression:
Normal Paranasal Sinus study.

E. DIAGNOSIS.

1. CHRONIC SINUSITIS.
2. SEE AUDIOLOGY C/P EXAM.
3. SEE DERMATOLOGY/SKIN C/P EXAM.
4. SEE ORTHOPEDIC/JOINTS C/P EXAM.
5. SEE PODIATRY/FEET C/P EXAM.
6. SEE PSYCHIATRY/STRESS DISORDER C/P EXAM.

M. J. H. CASPERMAN, DO

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Progress Note

Printed On Sep 24, 2007

STAFF PHYSICIAN BEHAVIORAL SVCS

LOCAL TITLE: NSG NURSING NOTE(T)
STANDARD TITLE: NURSING NOTE

DATE OF NOTE: MAY 11, 2007@13:00

ENTRY DATE: MAY 11, 2007@13:00:49

AUTHOR: KOVALCHIK, MARC A

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Vital Signs:

TEMPERATURE: 98.8 F [37.1 C] (04/26/2007 14:06)
PULSE: 92 (04/26/2007 14:06)
RESPIRATION: 20 (04/26/2007 14:06)
BP: 136/76 (04/26/2007 14:06)
PAIN: 5 (04/26/2007 14:06)

DATA:

ASSESSMENT:

PLAN:

Preventive Health Screen:

Annual Preventive Health Screen Information

ALTERNATIVE THERAPY INFORMATION

No Herbal/Alternative Therapy taken.

Patient is taking Over The Counter medications.

OTC Meds: excederin, aliquid

HYPERTENSION/OBESITY

Patient's BMI is <21 or >25. Current BMI: 27.4

Patient has been diagnosed with hypertension, diabetes mellitus or has a BMI <21 or >25. Indicate if patient has been evaluated by a dietitian in the past year.

Patient HAS NOT been evaluated by a dietitian in the past year. Patient declines Nutrition Clinic consult.

ALLERGY INFORMATION

Patient states "No Known Allergies". Primary Care provider must enter this information in CPRS.

SAFE IN HOME ENVIRONMENT QUESTIONS

Patient feels safe in home environment.

PULMONARY

Patient does not use an inhaler/nebulizer.

ADL QUESTIONS

Patient DOES NOT need assistance with ADL.

Patient reports NO decrease/loss of self-care skills within past month.

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Patient reports NO decrease/loss of mobility within past month.

Patient reports NO difficulty in swallowing.

DIABETES QUESTIONS

Patient IS NOT diabetic.

SEATBELT/HELMET SAFETY QUESTIONS

Do you wear a seatbelt when driving or riding in a car?

Comment: Yes

Do you wear a helmet when riding a motorcycle or bicycle?

Comment: NOT APPLICABLE

PREVENTIVE HEALTH EDUCATION SECTION

Education Topic & Level of Understanding

/es/ MARC A KOVALCHIK

MENRM

Signed: 05/11/2007 13:05

11/12/11

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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CRNP Psych Mental Health-BC

LOCAL TITLE: PSYCH INTAKE ASSESSMENT
 STANDARD TITLE: PSYCHIATRY INPATIENT NOTE
 DATE OF NOTE: MAY 11, 2007@13:11 ENTRY DATE: MAY 11, 2007@13:11:27
 AUTHOR: LUCAS, EUGENE T JR EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

MRC Approved 3/15/05
 Job # 05-05

Age: 29 GENDER: MALE RACE: WHITE
 MARITAL STATUS: Married.

CLINICAL HISTORY

PRESENTING CHIEF COMPLAINT:
 I get angry and irritable.

HISTORY OF CURRENT ILLNESS:
 I went to the USMC and ultimately ended up in Iraq for the invasion. I saw some things that stay with me. They come out of nowhere and it makes me angry and upset with the people I love.

PAST PSYCHIATRIC HISTORY:
 I came in once about a month ago because I couldn't sleep for about three days. This happens twice a month to twice a week sometimes.

HISTORY OF SUICIDAL ACTS AND SELF-HARM:
 None

HISTORY OF VIOLENCE/ASSAULTING OTHERS/LEGAL PROBLEMS:
 Receiving stolen property was removed due to probation.

SUBSTANCE USE HISTORY:
 Prior to military was involved in marijuana and cocaine, alcohol he was drinking a twelve pack a night. Stopped drugs prior to Marines, slowed down with alcohol since about 2003. social drinker now, occasional binge.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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MENTAL ILLNESS AND SUBSTANCE ABUSE IN FAMILY MEMBERS:

Mother was drug addict and alcoholic, many rehabs, dad was alcoholic.

PSYCHOSOCIAL HISTORY:

a) Childhood/Developmental History: Was suspended from school for fighting, HS grad, 2 years of college with no degree, dad was domestic abuser.

b) Adult Relationship History: Outgoing in HS, no problems meeting people, since he returned more careful of meeting people. Heterosexual preference

c) Current significant family and/or peer group relationships: Dad there for him, his wife also. Has a cousin Ron who is engaged.

d) Financial Status, Housing, Employment, Leisure Time Issues: Good finances, rents, Keystone Financial Mgt. since Mar 24, 07, as an advisor, works for fun, out to eat, spend time with kids, TV, music.

e) Religious/Spiritual or Cultural Issues that might influence treatment: None

f) Relevant community resources accessed by patient: Kids are on CHIP

MILITARY HISTORY:

Branch:

Joined the US Marines in 1999, Parris Island, Camp Pendleton, back to Parris Island as a rifle instructor. To Iraq in 2003, Combat, in invasion force as a member of the infantry, much action, there six months, small arms, artillery and other explosions were part of experience. Saw a house explode and the remains of a six month old baby, saw another Marine killed in front of him. Has other random memories like the first bullet whizzing past his head. Left and returned to Parris Island and was honorably discharged in 2/6/07. Rank was Sergeant, has Combat Action Ribbon, OIF medal, GWAT medals, 2 NAMPs, one with combat valor.

MEDICAL INFORMATION

(include response to medications, any medication side effects)

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Progress Note

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a) CURRENT MEDICAL PROBLEMS: Back Pain, Other Sleep Disorders, Other (specify)
Disrupted sleep problems

b) CURRENT SIGNIFICANT PAIN PROBLEMS: Yes
Stomach pain

c) NUTRITION ASSESSMENT: Well developed, well nourished

d) CURRENT VA-PRESCRIBED MEDICATIONS:
Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) TABLET SPLITTER USE AS DIRECTED FOR TABLET SPLITTING	ACTIVE
2) TRAZODONE 50MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME MAY START AT 1/2 TAB	ACTIVE

e) CURRENT NON-VA MEDICATIONS:
Excedrin for headache

f) CURRENT NICOTINE AND CAFFEINE USE:
Smokes 1 PPD for 14 years, coffee at a pot a day

ALLERGIES AND ADVERSE DRUG REACTIONS:
Patient has answered NKA

MENTAL STATUS EXAM:

ORIENTATION AND CONSCIOUSNESS:
alert and attentive
oriented x3

APPEARANCE AND BEHAVIOR:
cooperative and reasonable
grooming appropriate

SPEECH:
normal rate/rhythm

LANGUAGE:
intact

MOOD AND AFFECT:
affect is congruent with mood
affect is wide range
mood anxious

PERCEPTUAL DISTURBANCE (hallucinations, illusions):
Other: Hypnopompic and hypnagogic experiences
details:

Sees things upon awakening and falling asleep, have to do with

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Progress Note

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combat experiences

THOUGHT PROCESS AND ASSOCIATION:
normal, coherent

THOUGHT CONTENT (delusions, obsessions etc.):
no unusual thought content
details: Very focused on things at times

SUICIDAL OR VIOLENT IDEATION:
none

INSIGHT:
good

JUDGMENT:
good
impulsive

MEMORY:
intact

FUND OF KNOWLEDGE
Above Average

MENTAL STATUS COMMENTS:
Patient with MM, FB, intrusive thoughts, irritability, anger and sleep disturbance

SUMMARY AND FORMULATION:

Patient with PTSD and depressive symptoms.

INITIAL DSM-IV DIAGNOSIS:
Axis I Clinical Disorder:
Anxiety Disorder: PTSD, chronic
Depressive Disorder: NOS (Not Otherwise Specified)

Axis II Personality Disorders/Traits:
None

Axis III Current Medical Conditions: See Medical History above

Axis IV Current Psychosocial Stressors:
social environment

Axis V GAF Score (current level of functioning): 65

Initial Treatment Plan:
Patient will try Clonazepam 0.5mg at HS for sleep, Bupropion at 100mgg in AM for irritability and anger, follow up in two months, refer to Psychology for PTSD follow up.
Long Term goals Reduce symptoms increase coping, improve sleep

Anticipated Duration: Chronic/Ongoing

/es/ Eugene T. Lucas Jr.
CRNP Psych Mental Health-BC
Signed: 05/11/2007 13:48

Receipt Acknowledged By:
05/11/2007 14:10 /es/ ARUNA BHATIA

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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LAS 00441

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Progress Note

POTENTIAL FOR

STANDARD TITLE: PSYCHIATRY GENERAL NOTE
STANDARD TITLE: PSYCHIATRY NOTE

DATE OF NOTE: MAY 17, 2007@15:01

ENTRY DATE: MAY 17, 2007@15:01:33

AUTHOR: PIERCE, JENNIFER E

EXP COSTGNER:

URGENCY:

STATUS: COMPLETED

Pt called today. He says bupropion made him feel very anxious like he wanted to put his head through a window. He c/o NM, FB, irritability, and anxiety. Will d/c wellbutrin. Will try paxil 10 mg x one wk, then 20 mg daily. Side effects and expected benefits were discussed with the patient. He was encouraged to call if there were any problems. He was appreciative of the call.

/es/ JENNIFER E PIERCE, PA-C
Physician Assistant

Signed: 05/17/2007 15:03

Receipt Acknowledged By:
05/22/2007 08:27

/es/ Eugene T. Lucas Jr.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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LOCAL TITLE: TLCP PSYCHIATRY
 STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
 DATE OF NOTE: MAY 31, 2007@10:35 ENTRY DATE: MAY 31, 2007@10:35:06
 AUTHOR: LUCAS, EUGENE T JR EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Patient tried the Paroxetine and felt like he was crawling out of his skin. Stopped the med. He is able to sleep at night without nightmares on the Clonazepam but has daytime anxiety. Will try Clonazepam 0.25mg BID for this weekend and see the result on daytime anxiety. Patient agrees and will call next week with result.

Res/ Eugene T. Lucas Jr.
 CRNP Psych Mental Health-BC
 Signed: 05 31 2007 10 17

PATIENT NAME AND ADDRESS (Required for VISTA)

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Progress Note

Printed On Sep 24, 2007

DATE OF NOTE: JUN 04, 2007 14:01

ENTRY DATE: JUN 04, 2007 14:01:35

AUTHOR: LUCAS, EUGENE T JR

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Has tried the Clonazepam over the weekend and has not noted much change on the 0.25mg dose BID. tried 0.5mg dose once and didn't notice any changes. Will make dose 0.5mg BID until he is seen on 7/3/07. Patient is satisfied.

/es/ Eugene T. Lucas Jr.

CRNP Psych Mental Health-BC

Signed: 06/04/2007 14:03

PSYCH-Psychiatry

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Psychiatry Note

Printed On Sep 24, 2007

Initial Time

LOCAL TITLE: TLCP PSYCHIATRY
 STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
 DATE OF NOTE: JUN 22, 2007@10:25 ENTRY DATE: JUN 22, 2007@10:25:39
 AUTHOR: LUCAS, EUGENE T JR EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Patient called about the clonazepam making him tired in the daytime. He is sleeping much better and feels great when he gets up but, once he takes the daytime clonazepam, he gets sleepy four hours later. His sex drive is down as well. Told to stop the daytime dose of the Clonazepam and will discuss alternatives on his next visit in July. He is satisfied.

/es/ Eugene T. Lucas Jr.
 CRNP Psych Mental Health-BC
 Signed: 06/22/2007 10:27

LOCAL TITLE: TLCP PSYCHIATRY
 STANDARD TITLE: TELEPHONE ENCOUNTER NOTE

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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LOCAL TITLE: PSYCHIATRY GENERAL NOTE
STANDARD TITLE: PSYCHIATRY NOTE

DATE OF NOTE: JUL 03, 2007 13:00

AUTHOR: LUCAS, EUGENE T JR
URGENCY:

ENTRY DATE: JUL 04, 2007 08:05:18
EXP COSIGNER:

STATUS: COMPLETED

Chief Complaint: Medication and symptom management.

Subjective: "The Paxil medication made me feel really stimulated and anxious. I felt like I was going to crawl out of my skin. I got extremely irritable and angry with it. I stopped the medicine and then got sick to my stomach and had headaches for a couple days. That is just not the stuff for me. I still have anger and irritability, but my sleep is improved. I am able to sleep all night. I wake up refreshed and with enough energy to make it through the day. I really would like to work on the anger and irritability during the day, but I am unsure what approach to take. I have no thoughts of hurting myself or anyone else. I do look forward to every day and work hard at my job."

Mental Status Examination: The patient is alert, oriented x3. Speech is appropriate in content, normal in rate and tone. Thoughts are organized. Content is appropriate, somewhat negative. The patient denies any auditory or visual hallucinations. Judgment and insight are good. Mood is mildly depressed, somewhat anxious affect. The patient denies any suicidal or homicidal ideation. The patient has no involuntary movements.

Objective: Patient with attempts at utilization of trazodone, paroxetine, and Wellbutrin over a two-month period. Failures on all medications due to stimulating or extremely sedating side effects. The patient appears to be a slow metabolizer. The evening dose of clonazepam works well to maintain normal sleeping pattern of six to eight hours, and he wakes up refreshed, unable to take day time clonazepam due to sedation during the day. The patient has no suicidality. The patient continues with some irritability and anger. The patient also has some intrusive thinking during the day. No suicidality.

Plan: Discontinue the paroxetine. We will start buspirone 5 mg twice daily and will taper up over a few months. Hopefully medication will have calming effect similar to clonazepam without the sedation. Side effects of the medication were discussed with the patient. He agrees to utilize the medicine. The patient was encouraged to call if there are any problems, side effects, symptoms worsen, or he feels unsafe. Rescheduled

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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Progress Note

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at first available after fourteen days. The patient is satisfied. Time of appointment was 30 minutes.

D: 7/3/07 1:25P

T: 7/3/07 T16 #52332

/es/ Eugene T. Lucas Jr.
CRNP Psych Mental Health-BC
Signed: 07/10/2007 10:21

Receipt Acknowledged By:
07/10/2007 10:31

/es/ ARUNA BHATIA

STAFF PHYSICIAN BEHAVIORAL SVCS

29 UNIVERSITY DRIVE
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LOCAL TITLE: PSYCHIATRY GENERAL NOTE
 STANDARD TITLE: PSYCHIATRY NOTE
 DATE OF NOTE: JUL 03, 2007@13:27 ENTRY DATE: JUL 03, 2007@13:27:06
 AUTHOR: LUCAS, EUGENE T JR EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

PROVIDER Med Reconciliation:

Outpatient Medication Review

A new medication is to be added after review of current medication
 profile at this clinic visit. See plan of care above.

Comment: Suspirone

/es/ Eugene T. Lucas Jr.
 CRNP Psych Mental Health-EC
 Signed: 07/03 2007 13:31

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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LAS 00436

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LOCAL TITLE: TLCP PSYCHIATRY

STANDARD TITLE: TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: JUL 16, 2007@15:31

ENTRY DATE: JUL 16, 2007@15:31:08

AUTHOR: LUCAS, EUGENE T JR

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Patient called and stated he is more irritable on the BusPar medication. He has stopped it. He increased the Clonazepam to 1mg at HS and 0.5mg in the day and it works good for sleep and anxiety. We discussed talking about changes in medication prior to starting them, it is the provider's decision about effectiveness that constitutes rationale for changing doses. He has not adequately trialed any of his psychiatric medications and has been on Trazodone, Bupropion, Paroxetine and Buspirone alternately since 4/11/07. Each time the medication caused an adverse behavioral effect such as self harm, irritability, restlessness. Responds positively to benzodiazepines as they are sedative and were intended as an interim medication until his antidepressant medication was titrated to effective dose. Will continue current Clonazepam 0.5mg in AM, 1mg at HS as it has been effective thus far for anxiety and sleep until seen by Dr Bhatia for case review.

/es/ Eugene T. Lucas Jr.

CRNP Psych Mental Health-BC

Signed: 07/16/2007 15:42

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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29 UNIVERSITY DRIVE
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/es/ ARUNA BHATTIA

STAFF PHYSICIAN BEHAVIORAL SVCS

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LOCAL TITLE: TLCP PSYCHIATRY
 STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
 DATE OF NOTE: JUL 18, 2007@16:21 ENTRY DATE: JUL 18, 2007@16:21:48
 AUTHOR: LUCAS, EUGENE T JR RXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Patient's wife Marisol called and said the veteran wanted her to talk to me. She is concerned his irritability and anger have been escalating over the last few weeks. He is mixing alcohol with his medications. He has promised to stop the alcohol but she is not convinced. She has heard him complaining about the medications making him tired, agitated, irritated but she feels he does not take them long enough. He needs to get something started because his mood is deteriorating. Encouraged her to get him to come in as a walk in and attend the appointment. She will do this. Tried calling veteran's cell number to discuss but he is not available.

/es/ Eugene T. Lucas Jr.
 CRNP Psych Mental Health-BC
 Signed: 07/18/2007 16:27

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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42

LOCAL TITLE: PSYCHIATRY GENERAL NOTE
 STANDARD TITLE: PSYCHIATRY NOTE

DATE OF NOTE: AUG 13, 2007@12:41

ENTRY DATE: AUG 13, 2007@12:42:03

AUTHOR: LUCAS, EUGENE T JR

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Received a call from Patrolman Louis Kline (570-383-1820 or 570-342-9111) of the Olyphant police department requesting availability of inpatient psychiatric treatment concerning the veteran. Officer Kline told no information can be released about any veteran without the veteran's signed authorization. Generally speaking, veterans under arrest or legal obligation are not eligible for inpatient psychiatric admission per WBVA policy. The police would like to provide the veteran treatment in lieu of incarceration and they are looking into VA options. Any psychiatric commitments would need to be evaluated as per state law and approved by the attending Psychiatrist for any veteran. They (the police) will decide how to proceed and call the VA at a later time.

/es/ Eugene T. Lucas Jr.
 CRNP Psych Mental Health-EC

PATIENT NAME AND ADDRESS (if chemical imprinting is available)

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Progress Note

Printed On Sep 24, 2007

Signed: 08/13/2007 13:10

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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1 AS 00424

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Printed On Sep 24, 2007

LOCAL TITLE: TLCP SOCIAL WORK
 STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
 DATE OF NOTE: AUG 31, 2007@11:01 ENTRY DATE: AUG 31, 2007@11:01:13
 AUTHOR: COLLELO, KATHLEEN A EXP COSIGNER:
 URGENCY:
 STATUS: COMPLETED

This writer received a phone call from the vet's mother, Carol Laskowski. She states that her son has been incarcerated at the Lackawanna County Prison for the past three weeks. He was incarcerated as a result of breaking into a local pharmacy and robbing prescription pain killers. The vet's mother inquired as to whether her son could be transferred to the WBVA for inpatient psychiatric care while he is still an inmate. After conferring with Gene Lucas, CRNP who had originally received a call from the Olyphant police on this case on 8/13/07, I called Mrs. Laskowski back to inform her that the WBVA cannot accept veterans as inpatients on their psych unit while he is a prisoner in the Lackawanna County Prison System. I did advise her that the Lacka. County prison System has mental health providers that can provide appropriate mental health care to her son while he is serving out his prison sentence. She states that she will discuss same with her son's attorney.

/es/ KATHLEEN A COLLELO
 SOCIAL WORKER
 Signed: 08/31/2007 11:08

Receipt Acknowledged By:
 08/31/2007 16:11

/es/ Eugene T. Lucas Jr.
 CRNP Psych Mental Health-BC

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